

**APPLICATION TO OPERATE MOTOR VEHICLES
USED FOR PUBLIC PASSENGER TRANSPORTATION
R-7 REV. 3-2002**

STATE OF CONNECTICUT
DEPARTMENT OF MOTOR VEHICLES
COMMERCIAL VEHICLE SAFETY DIVISION
On The Web At <http://dmvct.org>



INSTRUCTIONS

1. Please type or print clearly with ballpoint pen.
2. This form **MUST** be accompanied by DMV Form R-323 and fingerprint card(s) for the State of Connecticut and the FBI.
3. A check in the amount of \$24.00 payable to Commissioner of Public Safety must accompany application.
4. Applicant must submit certified driving history(ies) for all licenses held during preceding 5 years, as well as a criminal history record if license issued less than 5 years from application.
5. Questions 1 through 23 must be completed.

1. APPLICANT'S NAME (Last, First, Middle Initial)	2. SEX <input type="checkbox"/> M <input type="checkbox"/> F	3. DATE OF BIRTH	4. EYE COLOR	5. HEIGHT ft. in.
6. MAILING ADDRESS (Number and Street, City or Town, State, Zip Code)		7. BIRTHPLACE (If foreign born, include country)		
8.. RESIDENCE ADDRESS (If different from mailing address)				10. U.S. CITIZEN <input type="checkbox"/> YES <input type="checkbox"/> NO
9. NAME AND PLACE OF EMPLOYMENT (Business name and complete address)				

11. LIST ANY OTHER NAMES EVER USED (Alias, Maiden, etc.)	12. RESIDENT OF CONNECTICUT <input type="checkbox"/> NO <input type="checkbox"/> YES (Since?)	13. SOCIAL SECURITY NUMBER	
14. APPLYING FOR ENDORSEMENT/RESTRICTION <input type="checkbox"/> S <input type="checkbox"/> T <input type="checkbox"/> V	15. OPERATOR'S LICENSE NUMBER	16. STATE	17. EXPIRATION DATE

18. LIST THREE REFERENCES

NAME	ADDRESS	TELEPHONE NUMBER

QUESTION	YES ()	NO ()	EXPLANATION
19. Have you ever held a driver's license issued by any other state during the past five years?			IF "YES", WHAT STATE?
20. Have you ever been convicted of an alcohol or drug related offense relative to operation of a motor vehicle?			IF YES, EXPLAIN
21. Have you ever been treated for any health condition which is likely to cause a loss of consciousness or any other loss of ability to control a motor vehicle?			IF YES, EXPLAIN
22. Do you meet all the physical requirements as set forth in Section 14-44 CGS and Title 49 CFR Section 391.41?			IF NO, EXPLAIN
23. Have you ever been CONVICTED of a crime, offense, forfeited bond or collateral, or are there criminal charges currently pending against you? (Exclude minor traffic violations, or any offense settled in a juvenile court or under a youthful offender law.)			IF YES, EXPLAIN

DMV USE ONLY

DOCUMENTS SUBMITTED

☐ SP FINGERPRINT ☐ PHYSICAL ☐ DRIVER HISTORY ☐ CRIMINAL HISTORY ☐ FBI FINGERPRINT

REMARKS

CERTIFICATION BY APPLICANT (To be signed in the presence of DMV Inspector)	I swear or affirm under penalty of false statement in accordance with Connecticut General Statute 53a-157b that all information provided as part of this application is true and accurate.		SIGNATURE OF APPLICANT X	DATE SIGNED
	STATE OF CONNECTICUT	DATE	Subscribed before me X	SIGNATURE OF INSPECTOR